

**NYS
Claims Release 3
First Report of Injury Element Requirements**

		M (Mandatory)									
		MC (Mandatory/Conditional)									
		AA (If Applicable/Available Transaction Accepted)									
		AR (If Applicable/Available Transaction Rejected)									
		NA (Not Applicable)									
		F (Fatal Technical)									
		X (Exclude)									
		FY (Fatal yes change) EssentARI data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.									
		Y (Change allowed) limited to 02 Change									
		N (No Change) limited to 02 Change									
		fy Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction. Lower case requirement codes indicate these <i>Match Data</i> data elements. Exceptions: First & Last Name can be changed at the same time; and Employee ID Type Qualifier, Employee SSN, and Employee ID Assigned by Jurisdiction can be changed at the same time.									
		Claim Administrator Postal Code (DN0014) and related address fields should be populated with: <input checked="" type="radio"/> Mailing or <input type="radio"/> Physical									
						FROI MTC'S					
REC	DN#	DATA ELEMENT NAME	Format	00	01	02	04	AQ	AU	UR for legacy cases	
148	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	
148	0002	Maintenance Type Code	2 A/N	F	F	F	F	F	F	F	
148	0003	Maintenance Type Code Date	DATE	F	F	F	F	F	F	F	
148	0004	Jurisdiction Code	2 A/N	F	F	F	F	F	F	F	
148	0005	Jurisdiction Claim Number	25 A/N	AR	M	M	AR	AR	AR	M	
148	0006	Insurer FEIN	9 A/N	F	F	fy	F	F	F	F	
148	0012	Claim Administrator City	15 A/N	M	M	Y	M	M	M	M	
148	0013	Claim Administrator State Code	2 A/N	MC	AR	Y	MC	MC	MC	MC	
148	0014	Claim Administrator Postal Code	9 A/N	F	F	FY	F	F	F	F	
148	0015	Claim Administrator Claim Number (Key Match)	25 A/N	F	F	fy	F	F	F	F	
148	0016	Employer FEIN	9 A/N	MC	MC	fy	MC	MC	MC	MC	
148	0021	Employer Physical City	15 A/N	MC	NA	N	MC	AR	MC	MC	
148	0022	Employer Physical State Code	2 A/N	MC	NA	N	MC	AR	MC	MC	
148	0023	Employer Physical Postal Code	9 A/N	MC	NA	N	MC	AR	MC	MC	

CANNOT CHANGE RED REQUIREMENTS AS THESE ARE SET BY IAIABC

**NYS
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S							UR for legacy cases
				00	01	02	04	AQ	AU		
148	0025	Industry Code	6 A/N	MC	AR	N	MC	AR	MC	MC	
148	0027	Insured Location Identifier	15 A/N	AR	NA	N	AR	AR	AR	AR	
148	0028	Policy Number Identifier	18 A/N	MC	AR	N	MC	AR	MC	MC	
148	0029	Policy Effective Date	DATE	MC	AR	N	MC	AR	MC	MC	
148	0030	Policy Expiration Date	DATE	AR	AR	N	AR	AR	AR	AR	
148	0031	Date of Injury	DATE	M	M	fy	M	M	M	M	
148	0032	Time of Injury	HHMM	AR	NA	N	AR	AR	AR	AR	
148	0033	Accident Site Postal Code	9 A/N	MC	NA	Y	MC	AR	MC	MC	
148	0035	Nature of Injury Code	2 A/N	MC	NA	Y	MC	AR	MC	MC	
148	0036	Part of Body Injury Code	2 A/N	M	NA	Y	M	AR	M	M	
148	0037	Cause of Injury Code	2 A/N	MC	NA	Y	MC	AR	MC	MC	
148	0039	Initial Treatment Code	2 A/N	MC	NA	Y	MC	AR	MC	MC	
148	0040	Date Employer Had Knowledge of the Injury	DATE	MC	NA	Y	MC	AR	MC	MC	
148	0041	Date Claim Administrator Had Knowledge of Injury	DATE	M	NA	Y	M	M	M	M	
148	0044	Employee First Name	15 A/N	M	M	fy	M	M	M	M	
148	0048	Employee Mailing City	15 A/N	M	NA	Y	M	AR	M	M	
148	0049	Employee Mailing State Code	2 A/N	MC	NA	Y	MC	AR	MC	MC	
148	0050	Employee Mailing Postal Code	9 A/N	M	NA	Y	M	AR	M	M	
148	0052	Employee Date of Birth	DATE	MC	MC	fy	MC	MC	MC	MC	
148	0053	Employee Gender Code	1 A/N	M	NA	N	M	AR	M	M	
148	0054	Employee Marital Status Code	1 A/N	NA	NA	NA	NA	NA	NA	NA	
148	0055	Employee Number of Dependents	2 N	AR	NA	Y	AR	AR	AR	AR	
148	0056	Initial Date Disability Began	DATE	MC	NA	Y	MC	AR	MC	MC	
148	0057	Employee Date of Death	DATE	MC	NA	Y	MC	AR	MC	MC	
148	0058	Employment Status Code	2 A/N	MC	NA	N	MC	AR	MC	MC	
148	0059	Manual Classification Code	4 A/N	M	NA	Y	MC	AR	M	MC	
148	0061	Employee Date of Hire	DATE	AR	NA	N	AR	AR	AR	AR	
148	0062	Wage	\$9.20	MC	NA	Y	MC	AR	MC	MC	
148	0063	Wage Period Code	2 A/N	MC	NA	N	MC	AR	MC	MC	
148	0064	Number of Days Worked Per Week	1 N	AR	NA	Y	AR	AR	AR	AR	
148	0065	Initial Date Last Day Worked	DATE	AR	NA	Y	AR	AR	AR	AR	
148	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	MC	NA	Y	MC	AR	MC	MC	

**NYS
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S							UR for legacy cases
				00	01	02	04	AQ	AU		
148	0068	Initial Return to Work Date	DATE	MC	NA	Y	MC	AR	MC	MC	
R21	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	
R21	0295	Maintenance Type Correction Code	2 A/N	X	X	X	X	X	X	X	
R21	0296	Maintenance Type Correction Code Date	DATE	X	X	X	X	X	X	X	
R21	0196	Denial Rescission Date	DATE	AR	NA	N	X	AR	AR	AR	
R21	0186	Jurisdiction Branch Office Code	2 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0015	Claim Administrator Claim Number	25 A/N	F	F	fy	F	F	F	F	
R21	0187	Claim Administrator FEIN	9 A/N	F	F	fy	F	F	F	F	
R21	0188	Claim Administrator Name	40 A/N	M	NA	Y	M	M	M	M	
R21	0135	Claim Administrator Information/Attention Line	50 A/N	AA	NA	N	AA	AA	AA	AA	
R21	0010	Claim Administrator Primary Address	40 A/N	M	NA	Y	M	M	M	M	
R21	0011	Claim Administrator Secondary Address	40 A/N	AA	NA	Y	AA	AA	AA	AA	
R21	0136	Claim Administrator Country Code	3 A/N	MC	NA	Y	MC	MC	MC	MC	
R21	0270	Employee ID Type Qualifier	1 A/N	M	M	fy	M	M	M	M	
R21	*	Employee ID		*One of the following Employee ID types may be populated in positions 232-246							
	0042	Employee SSN	15 A/N	MC	MC	fy	MC	MC	MC	MC	
	0152	Employee Employment Visa	15 A/N	NA	NA	NA	NA	NA	NA	NA	
	0153	Employee Green Card	15 A/N	NA	NA	NA	NA	NA	NA	NA	
	0154	Employee ID Assigned by Jurisdiction	15 A/N	MC	MC	fy	MC	MC	MC	MC	
	0156	Employee Passport Number	15 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0255	Employee Last Name Suffix	4 A/N	AR	NA	N	AR	AR	AR	AR	
R21	0150	Employee Authorization to Release Medical Records Indicator	1 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0157	Employee Social Security Number Release Indicator	1 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0043	Employee Last Name	40 A/N	M	M	fy	M	M	M	M	
R21	0045	Employee Middle Name/Initial	15 A/N	AR	AR	N	AR	AR	AR	AR	
R21	0046	Employee Mailing Primary Address	40 A/N	M	NA	Y	M	AR	M	M	
R21	0047	Employee Mailing Secondary Address	40 A/N	AA	NA	Y	AA	AA	AA	AA	
R21	0155	Employee Mailing Country Code	3 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0051	Employee Phone Number	15 A/N	AR	NA	N	AR	AR	AR	AR	
R21	0146	Death Result of Injury Code	1 A/N	MC	NA	Y	MC	AR	MC	MC	

**NYS
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S							UR for legacy cases
				00	01	02	04	AQ	AU		
R21	0290	Type of Loss	2 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0228	Return to Work with Same Employer Indicator	1 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0189	Return to Work Type Code	1 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0224	Physical Restrictions Indicator	1 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0314	Insured FEIN	9 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0017	Insured Name	40 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0184	Insured Type Code	1 A/N	MC	NA	Y	MC	AR	MC	MC	
R21	0026	Insured Report Number	25 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0204	Work Week Type Code	1 A/N	MC	NA	Y	AR	AR	AR	MC	
R21	0205	Work Days Scheduled Code	7 A/N	MC	NA	Y	AR	AR	AR	MC	
R21	0229	Injury Severity Type Code	1 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0007	Insurer Name	40 A/N	M	NA	Y	M	M	M	M	
R21	0185	Insurer Type Code	1 A/N	AR	NA	N	AR	AR	AR	AR	
R21	0292	Insolvent Insurer FEIN	9 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0200	Claim Administrator Alternate Postal Code	9 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0206	Employee Security ID	15 A/N	NA	NA	NA	NA	NA	NA	NA	
R21	0249	Accident Premises Code	1 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0118	Accident Site County/Parish	20 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0119	Accident Site Location Narrative	50 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0120	Accident Site Organization Name	50 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0121	Accident Site City	15 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0122	Accident Site Street	40 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0123	Accident Site State Code	2 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0280	Accident Site Country Code	3 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0281	Date Employer Had Knowledge of Date of Disability	DATE	MC	NA	Y	MC	AR	MC	MC	
R21	0075	Agreement to Compensate Code	1 A/N	MC	NA	Y	X	MC	MC	AR	
R21	0018	Employer Name	40 A/N	M	NA	Y	M	M	M	M	
R21	0329	Employer UI Number	15 A/N	AA	NA	N	AA	NA	AA	AA	
R21	0019	Employer Physical Primary Address	40 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0020	Employer Physical Secondary Address	40 A/N	AA	NA	N	AA	AA	AA	AA	
R21	0164	Employer Physical Country Code	3 A/N	MC	NA	N	MC	AR	MC	MC	
R21	0159	Employer Contact Business Phone Number	15 A/N	AR	NA	N	AR	AR	AR	AR	

**NYS
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S							UR for legacy cases
				00	01	02	04	AQ	AU		
R21	0160	Employer Contact Name	40 A/N	AA	NA	N	AA	AA	AA	AA	AA
R21	0230	Employer ID Assigned By Jurisdiction	15 A/N	NA	NA	NA	NA	NA	NA	NA	NA
R21	0231	Manual Classification Sub-Code	2 A/N	NA	NA	NA	NA	NA	NA	NA	NA
R21	0163	Employer Mailing Information/Attention Line	50 A/N	AR	NA	N	AR	AR	AR	AR	AR
R21	0165	Employer Mailing City	15 A/N	M	NA	N	M	AR	M	M	M
R21	0166	Employer Mailing Country Code	3 A/N	MC	NA	N	MC	AR	MC	MC	MC
R21	0167	Employer Mailing Postal Code	9 A/N	M	NA	N	M	AR	M	M	M
R21	0168	Employer Mailing Primary Address	40 A/N	M	NA	N	M	AR	M	M	M
R21	0169	Employer Mailing Secondary Address	40 A/N	AA	NA	N	AA	AA	AA	AA	AA
R21	0170	Employer Mailing State Code	2 A/N	MC	NA	N	MC	AR	MC	MC	MC
R21	0060	Occupation Description	50 A/N	AA	NA	Y	AA	AA	AA	AA	AA
R21	0199	Full Denial Effective Date	DATE	X	NA	Y	M	X	X	NA	NA
R21	0073	Claim Status Code	1 A/N	NA	NA	NA	NA	NA	NA	NA	NA
R21	0074	Claim Type Code	1 A/N	M	NA	Y	M	AR	M	M	M
R21	0077	Late Reason Code	2 A/N	AR	NA	N	AR	AR	AR	AR	AR
R21	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	AR	NA	Y	AR	AR	AR	AR	AR
Variable Segment Counters											
R21	0274	Number of Accident/Injury Description Narratives	2 N	F	F	F	F	F	F	F	F
R21	0277	Number of Full Denial Reason Codes	2 N	F	F	F	F	F	F	F	F
R21	0276	Number of Denial Reason Narratives	2 N	F	F	F	F	F	F	F	F
R21	0278	Number of Managed Care Organizations	2 N	F	F	F	F	F	F	F	F
R21	0279	Number of Witnesses	2 N	F	F	F	F	F	F	F	F
Variable Segments											
Accident/Injury Description Narratives											
R21	0038	Accident/Injury Description Narrative	50 A/N	M	NA	Y	M	AR	M	M	M
Full Denial Reason Codes											
R21	0198	Full Denial Reason Code	2 A/N	X	NA	Y	M	X	X	AR	AR
Full Denial Reason Narratives											
R21	0197	Denial Reason Narrative	50 A/N	X	NA	Y	M	X	X	AR	AR
Managed Care Organizations											
R21	0207	Managed Care Organization Code	2 A/N	AR	NA	N	AR	AR	AR	AR	AR
R21	0209	Managed Care Organization Name	40 A/N	NA	NA	NA	NA	NA	NA	NA	NA

**NYS
Claims Release 3
First Report of Injury Element Requirements**

REC	DN#	DATA ELEMENT NAME	Format	FROI MTC'S						
				00	01	02	04	AQ	AU	UR for legacy cases
R21	0208	Managed Care Organization Identification Number	9 A/N	MC	NA	N	MC	MC	MC	MC
		Witnesses								
R21	0238	Witness Name	40 A/N	AA	NA	AA	AA	AA	AA	AA
R21	0237	Witness Business Phone Number	15 A/N	AR	NA	AR	AR	AR	AR	AR

**NYS
Claims Release 3
First Report of Injury Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0013	Claim Administrator State Code	MTC 00, 04, AQ, AU, UR: Required if Claim Administrator Country Code is US, Canada, Mexico.	Required if DN0136 (Claim Administrator Country Code) = US, MX, or CA.
0016	Employer FEIN	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, 01, AQ, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, 01, AQ, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0017	Insured Name	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0019	Employer Physical Primary Address	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0164 (Employer Physical Country Code) = US, MX, or CADN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0021	Employer Physical City	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0022	Employer Physical State Code	MTC 00, 04, AU, UR: Required if Employer Physical Country Code is US, Canada, Mexico AND Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0023	Employer Physical Postal Code	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0025	Industry Code	MTC 04, UR: Required if Date Claim Administrator Had Knowledge of the Injury is on or after 1/1/08, unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if the Date Claim Administrator Had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0028	Policy Number Identifier	MTC 04, UR: Required if the Insured Type Code is I = Insured unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if the Insured Type Code is I = Insured.	MTC 04, UR: Required if DN0184 (Insured Type Code) = I (Insured) unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident) or 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if DN0184 (Insured Type Code) = I (Insured).
0029	Policy Effective Date	MTC 04, UR: Required if Date Claim Administrator Had Knowledge of the Injury is on or after 1/1/08, unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship and Insured Type Code = I (Insured). Effective 7/19/2019 date is not required unless Insured Type Code = I. MTC 00, AU: Required if the Date Claim Administrator Had Knowledge of the Injury is on or after 1/1/08 and Insured Type Code = I (Insured). Effective 7/19/2019 date is not required unless Insured Type Code = I.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship) and DN0184 (Insured Type Code) = I (Insured). Effective 7/19/2019 date is not required unless Insured Type Code = I. MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 and DN0184 (Insured Type Code) = I (Insured). Effective 7/19/2019 date is not required unless Insured Type Code = I.
0033	Accident Site Postal Code	MTC 00, 04, AU, UR: Required if Accident Site Location Narrative is not present and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0119 (Accident Site Location Narrative) is not present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.

**NYS
Claims Release 3
First Report of Injury Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0035	Nature of Injury Code	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0037	Cause of Injury Code	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy+D7 in effect on the date of accident) or 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0039	Initial Treatment Code	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident or No Coverage - No Jurisdiction. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0040	Date Employer Had Knowledge of Injury	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0042	Employee SSN	MTC 00, 01, 04, AQ, AU, UR: Required if Employee ID Type Qualifier = S (Employee Social Security Number).	Required if DN0270 (Employee ID Type Qualifier) = S (Employee Social Security Number).
0049	Employee Mailing State Code	MTC 00, 04, AU, UR: Required if Employee Mailing Country Code is US, Canada, Mexico or spaces.	Required if DN0155 (Employee Mailing Country Code) = US, MX, or CA.
0052	Employee Date of Birth	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, 01, AQ, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, 01, AQ, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0056	Initial Date Disability Began	MTC 00, 04, AU, UR: Required If the injury which has caused or will cause a loss of time from regular duties of one day beyond the working day or shift on which the accident occurred or death occurs after date of injury.	Required if DN0074 (Claim Type Code) = I or L (Lost time/Indemnity or Became Lost Time/Indemnity).
0057	Employee Date of Death	MTC 00, 04, AU, UR: Required if a death has occurred.	Required if DN0146 (Death Result of Injury Code) is not null.
0058	Employment Status Code	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08..	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0059	Manual Classification Code	MTC 04, UR: Required unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship.	Required unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship).

**NYS
Claims Release 3
First Report of Injury Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0062	Wage	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0063	Wage Period Code	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0066	Full Wages Paid for Date of Injury Indicator	MTC 04: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident or No Coverage - No Jurisdiction. MTC 00, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0068	Initial Return to Work Date	MTC 00, 04, AU, UR: Required when Return to Work Type Code = A (Actual).	Required if DN0189 (Return to Work Type Code) = A (Actual).
0075	Agreement to Compensate Code	MTC 00, AQ, AU: Required if Date of Injury is on or after 1/1/2019 unless Claim Type Code = N (Notification of an Incident Only)	Required if DN0031 (Date of Injury) is on or after 1/1/2019 unless DN0074 (Claim Type Code) = N (Notification of an Incident Only)
0118	Accident Site County/Parish	MTC 00, 04, AU, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0119	Accident Site Location Narrative	MTC 00, 04, AU, UR: Required unless Full Address of Accident Site (Street, City, State, Postal Code) is present and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0122, DN0121, DN0123, DN0033 (Accident Site Street, City, State, and Postal Code) are not present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0120	Accident Site Organization Name	MTC 00, 04, AU, UR: Required if Accident Premises Code = L (Lessee) and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0249 (Accident Premises Code) = L (Lessee) and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0121	Accident Site City	MTC 00, 04, AU, UR: Required if Accident Site Location Narrative is not present and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0119 (Accident Site Location Narrative) is not present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0122	Accident Site Street	MTC 00, 04, AU, UR: Required if Accident Site Location Narrative is not present and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0119 (Accident Site Location Narrative) is not present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0123	Accident Site State Code	MTC 00, 04, AU, UR: Required if Accident Site Country Code is US, Canada, Mexico AND Accident Site Location Narrative is not present AND Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if Required if DN0280 (Accident Site Country Code) = US, CA, or MX AND DN0119 (Accident Site Location Narrative) is not present AND DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0136	Claim Administrator Country Code	MTC 00, 04, AQ, AU, UR: Required if Claim Administrator State Code is not equal to a US state code on IA list OR US Postal Code.	Mandatory If DN0013 (Claim Administrator State Code) is not equal to US state code on IA list OR US Postal Code.
0146	Death Result of Injury Code	MTC 00, 04, AU, UR: Required if a death has occurred.	Required if DN0057 (Employee Date of Death) is not NULL.
0154	Employee ID Assigned by Jurisdiction	MTC 00, 01, 04, AQ, AU, UR: Required if Employee Type Qualifier=A (Employee ID Assigned by Jurisdiction), only when Social Security Number is not available. Please refer to Population Restrictions Table or Implementation Guide for instructions.	Required when DN0270 (Employee ID Type Qualifier) = A (Employee ID Assigned by Jurisdiction).
0155	Employee Mailing Country Code	MTC 00, 04, AU, UR: Required if Employee Mailing State Code is not equal to a US state code on IA list OR US Postal Code.	Required if DN0049 Employee Mailing State Code is not equal to US state code on IA list OR US Postal Code.
0164	Employer Physical Country Code	MTC 00, 04, AU, UR: Required if Employer Physical State Code is not equal to a US state code on IA list OR US Postal Code.	Required if DN0022 Employer Physical State Code is not equal to a US state code on IA list or US Postal Code.

**NYS
Claims Release 3
First Report of Injury Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0166	Employer Mailing Country Code	MTC 00, 04, AU, UR: Required if Employer Mailing State Code is not equal to a US state code on IA list OR US Postal Code .	Required if DN0170 Employer Mailing State Code is not equal to a US state code or IA list OR US Postal Code.
0170	Employer Mailing State Code	MTC 00, 04, AU, UR: Required if Employer Mailing Country Code is US, Canada, Mexico AND Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0166 (Employer Mailing Country Code) = US, MX, or CA AND DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0184	Insured Type Code	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0189	Return to Work Type Code	MTC 00, 04, AU, UR: Required if Initial Return to Work Date is present and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0068 (Initial Return to Work Date) is present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0204	Work Week Type Code	MTC 00, UR: Required if Number of Days Worked per Week is a value other than 5 and Date of Injury is on or after 3/1/14 and Type of Loss Code is either 01 (Traumatic Injury) or is not present and Claim Type Code is either I or L (Indemnity or Became Lost Time).	Required if DN0064 (Number of Days Worked per Week) is a value other than 5 and DN0031 (Date of Injury) is on or after 3/1/14 and DN0290 (Type of Loss Code) is either 01 (Traumatic Injury) or is not present and DN0074 (Claim Type Code) is either I or L (Indemnity or Became Lost Time).
0205	Work Days Scheduled Code	MTC 00, UR: Required if Work Week Type Code is F (Fixed Work Week) and Date of Injury is on or after 3/1/14.	Required if DN0204 (Work Week Type Code) is F (Fixed Work Week) and DN0031 (Date of Injury) is on or after 3/1/14.
0208	Managed Care Organization Identification Number	MTC 00, 04, AU, AQ, UR: Required if Managed Care Organization Code = 03 (Claim's medical losses are administered by a Preferred Provider Organization).	Required if DN0207 = 03 (Claim's medical losses are administered by a Preferred Provider Organization).
0224	Physical Restrictions Indicator	MTC 00, 04, AU, UR: Required if Initial Return to Work Date is present and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08	Required if DN0068 (Initial Return to Work Date) is present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0228	Return to Work with Same Employer Indicator	MTC 00, 04, AU, UR: Required if Return to Work Type Code = A (Actual) and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0189 (Return to Work Type Code) = A (Actual) and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0249	Accident Premises Code	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). . MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.
0280	Accident Site Country Code	MTC 00, 04, AU, UR: Required if Accident Site Location Narrative is not present and Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and either Accident Site State Code is not equal to a US state code on IA list or Accident Site Postal Code is not a US Postal Code.	Required if DN0119 (Accident Site Location Narrative) is not present and DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and either DN0123 (Accident Site State Code) is not equal to a US state code on IA list or DN0033 (Accident Site Postal Code) is not a US Postal Code.
0281	Date Employer Had Knowledge of Date of Disability	MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and Initial Date Disability Began is present unless Full Denial Reason Code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship. Date must be on or after Date Employer had Knowledge of the Injury. MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and Initial Date Disability Began is present. Date must be on or after Date Employer had Knowledge of the Injury.	MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 and DN0056 (Initial Date Disability Began) is present unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship). Date must be on or after DN0040 (Date Employer had Knowledge of the Injury). MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 and DN0056 (Initial Date Disability Began) is present. Date must be on or after DN0040 (Date Employer had Knowledge of the Injury).
0290	Type of Loss	MTC 00, 04, AU, UR: Required if the Date Claim Administrator Had Knowledge of the Injury is on or after 6/17/13.	Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 6/17/13.

NYS
Claims Release 3
First Report of Injury Conditional Requirements

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0314	Insured FEIN	<p>MTC 04, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship.</p> <p>MTC 00, AU: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.</p>	<p>MTC 04, UR: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship).</p> <p>MTC 00, AU: Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08.</p>

**NYS
Claims Release 3
Subsequent Report of Injury Element Requirements**

M (Mandatory)
 MC (Mandatory/Conditional)
 AA (If Applicable/Available Transaction Accepted)
 AR (If Applicable/Available Transaction Rejected)
 NA (Not Applicable)
 F (Fatal Technical)
 X (Exclude)
 FC (Fatal/Conditional) - Limited to 02 Change. Essential data elements that are required for a variable segment to be processed. These data elements must be populated only with previously reported values when the other related data element(s) within the same variable segment have changed.

FY (Fatal yes change) Essential data elements which are necessary for a transmission/ transaction that can be changed on a MTC 02.

YC: Yes Change Conditional - Data element are expected to be sent on an MTC 02 Change transaction if the data element changes under IAIABC predefined conditions.

Y (Change allowed) *limited to 02 Change*
 N (No Change) *limited to 02 Change*

**CANNOT CHANGE RED
REQUIREMENTS AS
THESE ARE SET BY
IAIABC**

fy Note: For MTC 02, per the Match Data Rules, only one Match Data element can be changed per transaction. Lower case requirement codes indicate these Match Data data elements. Exceptions: First & Last Name can be changed at the same time; and Employee ID Type Qualifier, Employee SSN, and Employee ID Assigned by Jurisdiction can be changed at the same time.

Claim Administrator Postal Code (DN0014) and related address fields should be populated with:

Mailing or Physical

REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CA	CB	CD	EP	ER	IP	PD	PY	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR for legacy cases	SA Periodic		
A49	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
A49	0002	Maintenance Type Code	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
A49	0003	Maintenance Type Code Date	DATE	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
A49	0004	Jurisdiction Code	2 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
A49	0006	Insurer FEIN	9 A/N	fy	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
A49	0014	Claim Administrator Postal Code	9 A/N	FY	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
A49	0055	Employee Number of Dependents	2 N	Y	AR	MC	AR	MC	X	MC	MC	MC	AR	MC	MC	NA	NA	NA	NA	NA	MC	MC	MC	MC	NA		
A49	0069	Pre-existing Disability Code	1 A/N	N	AR	AR	NA	NA	AR	AR	NA	AR	AR	AR	NA	AR	AR	NA									
A49	0056	Initial Date Disability Began	DATE	Y	AR	AR	NA	NA	MC	MC	NA	MC	NA														
A49	0070	Date of Maximum Medical Improvement	DATE	N	X	AR	NA																				
A49	0072	Latest Return to Work Status Date	DATE	Y	MC	AR	NA	MC	X	MC	MC	MC	MC	MC	MC	X	MC	MC	NA	MC	MC	NA	NA	MC	NA		
A49	0057	Employee Date of Death	DATE	Y	MC	MC	NA	NA	M	MC	NA	MC	MC	MC	NA	X	X	NA	M	X	NA	NA	NA	MC	NA		
A49	0063	Wage Period Code	2 A/N	N	AR	MC	AR	AR	AR	AR	MC	AR	MC	AR	MC	NA											
A49	0064	Number of Days Worked Per Week	1 N	Y	AR	AR	NA	NA	AR	AR	NA	AR	AR	AR	NA	AR	NA	AR	NA								
A49	0031	Date of Injury	DATE	fy	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
A49	0026	Insured Report Number	25 A/N	NA	NA	NA																					
A49	0015	Claim Administrator Claim Number	25 A/N	fy	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0005	Jurisdiction Claim Number	25 A/N	M	MC	MC	M	M	MC	MC	M	MC	MC	MC	M	M	M	M	M	M	M	M	M	M	MC	M	
A49	0073	Claim Status Code	1 A/N	NA	NA	NA																					
A49	0074	Claim Type Code	1 A/N	Y	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	NA	
A49	0075	Agreement to Compensate Code	1 A/N	Y	X	M	AR	AR	AR	M	AR	M	MC	MC	AR	AR	NA										
A49	0076	Date Claim Administrator Notified of Employee Representation	DATE	N	AR	AR	NA																				
A49	0077	Late Reason Code	2 A/N	N	AR	AR	NA																				
Variable Segment Counters																											
A49	0078	Number of Permanent Impairments	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
A49	0082	Number of Death Dependent/Payee Relationships	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	

NYS
Claims Release 3
Subsequent Report of Injury Element Requirements

REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CA	CB	CD	EP	ER	IP	PD	PY	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR for legacy cases	SA Periodic	
Variable Segments																										
Permanent Impairments																										
A49	0083	Permanent Impairment Body Part Code	3 A/N	FC	X	MC	MC	MC	X	MC	AR	MC	NA	MC	MC	MC	NA	NA	NA	NA	MC	MC	NA	MC	NA	
A49	0084	Permanent Impairment Percentage	3.2 N	N	X	MC	MC	MC	X	MC	AR	MC	NA	MC	MC	MC	NA	NA	NA	NA	MC	MC	NA	MC	NA	
Death/Dependent/Payee Relationships																										
A49	0097	Dependent/Payee Relationship Code	2 A/N	N	AR	MC	AR	MC	X	MC	MC	MC	AR	MC	MC	X	X	X	X	X	MC	MC	MC	MC	NA	
R22	0001	Transaction Set ID	3 A/N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0295	Maintenance Type Correction Code	2 A/N	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
R22	0296	Maintenance Type Correction Code Date	DATE	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
R22	0298	Date Claim Administrator Knew Disability Exceeded the Waiting Period	DATE	NA	NA																					
R22	0186	Jurisdiction Branch Office Code	2 A/N	NA	NA																					
R22	0015	Claim Administrator Claim Number	25 A/N	fy	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0187	Claim Administrator FEIN	9 A/N	fy	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	
R22	0188	Claim Administrator Name	40 A/N	N	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0140	Claim Administrator Claim Representative Name	40 A/N	N	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0137	Claim Administrator Claim Representative Business Phone Number	15 A/N	N	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0138	Claim Administrator Claim Representative Email Address	80 A/N	Y	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0139	Claim Administrator Claim Representative Fax Number	10 A/N	N	AR	AR																				
R22	0270	Employee ID Type Qualifier	1 A/N	fy	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	*	Employee ID	*One of the following Employee ID types may be populated in positions 244-258																							
	0042	Employee SSN	15 A/N	fy	MC	MC																				
	0152	Employee Employment Visa	15 A/N	NA	NA																					
	0153	Employee Green Card	15 A/N	NA	NA																					
	0154	Employee ID Assigned by Jurisdiction	15 A/N	fy	MC	MC																				
	0156	Employee Passport Number	15 A/N	NA	NA																					
R22	0043	Employee Last Name	40 A/N	fy	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0044	Employee First Name	15 A/N	fy	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
R22	0045	Employee Middle Name/Initial	15 A/N	N	AR	AR																				
R22	0255	Employee Last Name Suffix	4 A/N	N	AR	AR																				
R22	0052	Employee Date of Birth	DATE	fy	MC	MC																				
R22	0054	Employee Marital Status Code	1 A/N	NA	NA																					
R22	0151	Employee Education Level	2 N	NA	NA																					
R22	0213	Employee Number of Entitled Exemptions	2 N	NA	X	NA	X	NA	NA	NA	X	X	X	X	X	X	X	X	NA							
R22	0201	Anticipated Wage Loss Indicator	1 A/N	N	X	X	X	X	X	X	X	X	AR	X	X	X	AR	X	X	X	X	X	X	X	X	
R22	0202	Reduced Benefit Amount Code	1 A/N	Y	AR	NA																				
R22	0158	Employee Tax Filing Status Code	1 A/N	NA	X	NA	X	NA	NA	NA	X	X	X	X	X	X	X	X	NA							
R22	0146	Death Result of Injury Code	1 A/N	Y	MC	AR	AR	NA	M	MC	MC	MC	MC	MC	MC	X	X	AR	MC	X	AR	AR	AR	MC	NA	
R22	0314	Insured FEIN	9 A/N	Y	MC	NA																				
R22	0292	Insolvent Insurer FEIN	9 A/N	NA	NA																					
R22	0016	Employer FEIN	9 A/N	fy	MC	AR																				
R22	0023	Employer Physical Postal Code	9 A/N	NA	NA																					
R22	0228	Return to Work with Same Employer Indicator	1 A/N	Y	MC	AR	NA	MC	X	MC	X	X	MC													
R22	0281	Date Employer Had Knowledge of Date of Disability	DATE	Y	MC	NA																				
R22	0212	Non-Consecutive Period Code	1 A/N	Y	X	MC	AR	AR	X	AR	AR	MC	NA	NA	MC	X	NA	AR	X							
R22	0172	Estimated Gross Weekly Amount Indicator	1 A/N	N	X	AR	NA	AR	X	X	X	AR	NA													
R22	0145	Current Date Last Day Worked	DATE	Y	X	AR	NA	AR	NA	AR	AR	AR	NA	NA	AR	X	NA	AR	NA							
R22	0144	Current Date Disability Began	DATE	Y	NA	AR	NA	AR	NA	AR	X															
R22	0065	Initial Date Last Day Worked	DATE	Y	NA	AR	NA	AR	NA																	
R22	0189	Return to Work Type Code	1 ID	Y	MC	AR	NA	MC	NA	MC	NA															
R22	0224	Physical Restrictions Indicator	1 A/N	Y	MC	AR	NA	MC	NA	MC	NA															
R22	0193	Suspension Effective Date	DATE	Y	X	X	X	X	X	X	X	X	X	X	X	X	M	M	M	M	M	M	M	M	AR	
R22	0199	Full Denial Effective Date	DATE	Y	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	AR	
R22	0196	Denial Rescission Date	DATE	N	X	AR	X	X	AR	X	X	X	X	X	X	X	X	AR	NA							

NYS
Claims Release 3
Subsequent Report of Injury Element Requirements

REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CA	CB	CD	EP	ER	IP	PD	PY	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR for legacy cases	SA Periodic		
R22	0294	Partial Denial Code	1 A/N	Y	X	X	X	X	X	X	X	X	M	X	X	X	X	X	X	X	X	X	X	AR	X		
R22	0134	Calculated Weekly Compensation Amount	\$9.2	Y	AR	M	M	M	X	M	M	M	AR	MC	M	M	M	M	M	M	M	M	M	MC	NA		
R22	0256	Wage Effective Date	DATE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
R22	0149	Discontinued Fringe Benefits	\$9.2	NA	X	NA	NA	NA	X	NA	NA																
R22	0290	Type of Loss Code	2 A/N	Y	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA		
R22	0058	Employment Status Code	2 A/N	N	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	NA		
R22	0223	Permanent Impairment Minimum Payment Indicator	1 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
R22	0068	Initial Return to Work Date	DATE	Y	MC	AR	NA	MC	NA	MC	AR	MC	MC	NA	NA	MC	NA										
R22	0066	Full Wages Paid for Date of Injury Indicator	1 A/N	Y	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA		
R22	0293	Lump Sum Payment/Settlement Code	2 A/N	YC	X	X	X	X	X	X	X	X	X	MC	X	X	X	X	X	X	X	X	X	NA	X		
R22	0273	Employer Paid Salary in Lieu of Compensation Indicator	1 A/N	Y	NA	AR	AR	AR	X	M	M	AR	AR	AR	AR	AR	NA	NA	X	NA	NA	NA	NA	AR	NA		
R22	0286	Average Wage	\$9.2	Y	AR	M	AR	AR	AR	AR	AR	M	AR	M	AR	NA											
R22	0297	First Day of Disability After the Waiting Period	DATE	Y	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	NA		
R22	0299	Award/Order Date	DATE	N	X	AR	AR	AR	X	AR	NA																
R22	0200	Claim Administrator Alternate Postal Code	9 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
R22	0203	Employer Paid Salary Prior To Acquisition Code	1 A/N	N	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	NA		
R22	0204	Work Week Type Code	1 A/N	Y	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	NA		
R22	0205	Work Days Scheduled Code	7 A/N	Y	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	AR	NA		
R22	0206	Employee Security ID	15 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
R22	0229	Injury Severity Type Code	1 A/N	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
Variable Segment Counters																											
R22	0288	Number of Benefits	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0283	Number of Payments	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0282	Number of Other Benefits	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0289	Number of Benefit ACR	3 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0284	Number of Recoveries	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0285	Number of Reduced Earnings	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0275	Number of Concurrent Employers	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0277	Number of Full Denial Reason Codes	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0276	Number of Denial Reason Narratives	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
R22	0287	Number of Suspension Narratives	2 N	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F		
Variable Segments																											
Benefits																											
				E0	E0	E1	E1	E2	X	E1	E1	E1	E0	E0	E1	E0	E0										
R22	0085	Benefit Type Code	3 A/N	FC	Event Benefits Segment Requirements are defined on the <i>Event Benefits Segment Req Tab</i>																						Requirements on Periodic reports are based on "Sweep" Benefits Segment Rules in Variable Segment Population Rules (see Section 4)
R22	0002	Maintenance Type Code	2 A/N	YC	For MTC's: 02, 04, AP, CA, CB, EP, ER, IP, PD, PY (Benefit Type Codes other than 5XX), RB, RE, S1, S2, S4, S5, S7, SD, SJ, UR, SA:																						
R22	0174	Gross Weekly Amount	\$9.2	N	E0, E1 and E2 labels on the Benefits title line shows the minimum # of segments by MTC (See VarARble Segment Population Rules in Section 4)																						
R22	0175	Gross Weekly Amount Effective Date	DATE	N	Benefit Type Code (DN0085) is pre-populated in the Benefits segment because the segment cannot be sent without this data element.																						
R22	0087	Net Weekly Amount	\$9.2	N	"Sweep" Benefits Segment Rules and Lump Sum Payment/Settlements from VarARble Segment Population Rules in Section 4 apply to "non-event" Benefits segments																						
R22	0211	Net Weekly Amount Effective Date	DATE	N	Benefits segments should not be expected on CD, MTC transactions																						
R22	0088	Benefit Period Start Date	DATE	N	Benefits segment requirements for UR MTC transactions, when applicable, may vary at the request of the jurisdiction																						
R22	0089	Benefit Period Through Date	DATE	N																							
R22	0090	Benefit Type Claim Weeks	4 N	YC																							
R22	0091	Benefit Type Claim Days	1 N	YC																							
R22	0086	Benefit Type Amount Paid	\$9.2	YC																							
R22	0192	Benefit Payment Issue Date	DATE	YC																							
Payments																											
R22	0222	Payment Reason Code	3 A/N	YC	X	M	X	X	X	X	X	M	X	MC	M	X	X	X	X	X	X	X	X	X	X		
R22	0217	Payee	40 A/N	YC	X	MC	X	X	X	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X	X		

NYS
Claims Release 3
Subsequent Report of Injury Element Requirements

REC	DN#	DATA ELEMENT NAME	FORMAT	02	04	AP	CA	CB	CD	EP	ER	IP	PD	PY	RB	RE	S1	S2	S4	S5	S7	SD	SJ	UR for legacy cases	SA Periodic		
R22	0218	Payment Amount	\$9.2	YC	X	M	X	X	X	X	X	M	X	MC	M	X	X	X	X	X	X	X	X	X	X		
R22	0219	Payment Covers Period Start Date	DATE	YC	X	MC	X	X	X	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X	X		
R22	0220	Payment Covers Period Through Date	DATE	YC	X	MC	X	X	X	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X	X		
R22	0195	Payment Issue Date	DATE	YC	X	MC	X	X	X	X	X	MC	X	MC	MC	X	X	X	X	X	X	X	X	X	X		
Other Benefits																											
R22	0216	Other Benefit Type Code	3 A/N	N	AR	MC	MC																				
R22	0215	Other Benefit Type Amount	\$9.2	N	AR	MC	MC																				
Benefit ACR - Segment contains Adjustments, Credits or Redistributions																											
R22	0092	Benefit Adjustment Code	4 A/N	FC	X	MC	MC																				
R22	0094	Benefit Adjustment Start Date	DATE	Y	X	MC	MC																				
R22	0125	Benefit Adjustment End Date	DATE	Y	X	AR	AR																				
R22	0093	Benefit Adjustment Weekly Amount	\$9.2	N	X	MC	MC																				
R22	0126	Benefit Credit Code	4 A/N	FC	X	MC	MC																				
R22	0127	Benefit Credit Start Date	DATE	Y	X	MC	MC																				
R22	0128	Benefit Credit End Date	DATE	Y	X	AR	AR																				
R22	0129	Benefit Credit Weekly Amount	\$9.2	N	X	MC	MC																				
R22	0130	Benefit Redistribution Code	4 A/N	FC	X	MC	MC																				
R22	0131	Benefit Redistribution Start Date	DATE	Y	X	MC	MC																				
R22	0132	Benefit Redistribution End Date	DATE	Y	X	AR	AR																				
R22	0133	Benefit Redistribution Weekly Amount	\$9.2	Y	X	MC	MC																				
Recoveries																											
R22	0226	Recovery Code	3 A/N	FC	AR	MC	MC	MC	NA	MC	MC																
R22	0225	Recovery Amount	\$9.2	Y	AR	MC	MC	MC	NA	MC	MC																
Reduced Earnings																											
R22	0242	Reduced Earnings Week Number	2 N	X	X	MC	X	MC	X	X	X	MC	X	X	MC	X											
R22	0124	Actual Reduced Earnings	\$9.2	X	X	MC	X	MC	X	X	X	MC	X	X	MC	X											
R22	0147	Deemed Reduced Earnings	\$9.2	X	X	NA	X	NA	X	X	X	NA	X	X	NA	X											
Concurrent Employers																											
R22	0141	Concurrent Employer Name	40 A/N	FC	MC	MC																					
R22	0142	Concurrent Employer Contact Business Phone	15 A/N	N	AR	AR																					
R22	0143	Concurrent Employer Wage	\$9.2	N	AR	AR																					
Denial Reason Codes																											
R22	0198	Full Denial Reason Code	2 A/N	Y	M	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	AR		
Denial Reasons																											
R22	0197	Denial Reason Narrative	50 A/N	Y	M	X	X	X	X	X	X	X	M	X	X	X	X	X	X	X	X	X	X	X	AR		
Suspension Narratives																											
R22	0233	Suspension Narrative	50 A/N	N	X	X	X	X	X	X	X	X	X	X	X	X	AR	MC	MC	MC	MC	AR	AR	MC	X		

**NYS
Claims Release 3
Subsequent Report of Injury Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0005	Jurisdiction Case Number	MTC 04, AP, CD, EP, IP, PD, PY, UR: Required when Maintenance Type Code Date is more than one calendar week after the creation of the acknowledgement file with the FROI, since its acceptance has Jurisdiction Claim Number value to be used on this SROI (and all future SROIs).	Required when DN0003 (Maintenance Type Code Date) is more than one calendar week after the creation of the acknowledgement file with the FROI, since its acceptance has DN0005 (Jurisdiction Claim Number) value to be used on this SROI (and all future SROIs).
0016	Employer FEIN	MTC ALL except SA: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 unless Full Denial Reason code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship.	Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship).
0042	Employee SSN	MTC ALL: Required if Employee ID Type Qualifier = S (Employee Social Security Number).	Required when DN0270 (Employee ID Type Qualifier) = S (Employee Social Security Number).
0052	Employee Date of Birth	MTC ALL: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0055	Employee Number of Dependents	MTC AP, CB, EP, ER, IP, PY, RB, S7, SD, SJ, UR: Required when a death has occurred and Employee Date of Death is not null.	Required when DN0057 (Employee Date of Death) is not null.
0056	Initial Date Disability Began	MTC CD, EP, IP, PD, PY, RB, RE, Sx, SD, SJ, UR: Required If the injury which has caused or will cause a loss of time from regular duties of one day beyond the working day or shift on which the accident occurred or death occurs after date of injury unless the only Benefit Type Code(s) is/are 090, 5xx or 030.	Required if DN0074 (Claim Type Code) = I, L or P (Lost time/Indemnity, Became Lost Time/Indemnity or Indemnity with No Lost Time Beyond Waiting Period) unless the only DN0085 (Benefit Type Code) is/are 090, 5xx or 030. Relaxed edit on BTC 090 effective 8/2/2019. Change in the requirement for adding the "P" effective 5/1/2020.
0057	Employee Date of Death	MTC 04, AP, EP, IP, PD, PY, UR: Required if a death has occurred.	Required if DN0146 (Death Result of Injury Code) is not null.
0063	Wage Period Code	MTC AP, IP, PY, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and Average Wage or Concurrent Employer Wage are present. The Wage Period Code for the Concurrent Employer is always equivalent to the Wage Period Code for the primary employer.	Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and DN0286 (Average Wage) or DN0143 (Concurrent Employer Wage) are present.
0066	Full Wages Paid for Date of Injury Indicator	MTC ALL: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08.	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08.
0068	Initial Return to Work Date	MTC 04, CB, EP, ER, IP, PD, PY, RB, RE, S1, S2, S5, S7, UR: Required if Benefit Type 070 or 270 is reported and either RTW Type Code, Physical Restrictions Indicator or RTW with Same Employer Indicator is present.	Required if Benefit Type 070 or 270 is reported and either DN0189 (RTW Type Code), DN0224 (Physical Restrictions Indicator) or DN0228 (RTW with Same Employer Indicator) is present.
0072	Latest Return to Work Status Date	MTC 04, CB, EP, ER, IP, PD, PY, RB, S1, S2, S5, S7, UR: Required when the employee returns to work after a subsequent period.	
0075	Agreement to Compensate Code	MTC PD: Required if Claim Type Code = W (Lost Time with No Paid Indemnity) effective 1/1/2019	Required if DN0074 (Claim Type Code) = W (Lost Time with No Paid Indemnity) effective 1/1/2019.
0075	Agreement to Compensate Code	MTC PY: Required if benefit segment is present effective 2/22/2019	MTC PY: Required if benefit segment is present effective 2/22/2019
0083	Permanent Impairment Body Part Code	MTC AP, CA, CB, EP, IP, PY, RB, RE, S7, SD, UR: Required if Benefit Type Code 020, 030, 040, 090, 530, 540, or 590 is present.	Required if DN0085 (Benefit Type Code) 020, 030, 040, 090, 530, 540, or 590 is present.
0084	Permanent Impairment Percentage	MTC AP, CA, CB, EP, IP, PY, RB, RE, S7, SD, UR: Required if Benefit Type Code 030 (Permanent Partial Scheduled) is present.	Required if DN0085 (Benefit Type Code) 030 (Permanent Partial Scheduled) is present.
0092	Benefit Adjustment Code	MTC ALL: Required if Number of Benefit ACR is > 0 and both the Benefit Redistribution Code and Benefit Credit Code are empty.	Required if DN0289 (Number of Benefit ACR) > 0 both DN0126 (Benefit Credit Code) and DN0130 (Benefit Redistribution Code) are empty.
0093	Benefit Adjustment Weekly Amount	MTC ALL: Required if Benefit Adjustment Code is present.	Required if DN0092 (Benefit Adjustment Code) is present.
0094	Benefit Adjustment Start Date	MTC ALL: Required if Benefit Adjustment Code is present.	Required if DN0092 (Benefit Adjustment Code) is present.
0097	Dependent/Payee Relationship Code	MTC AP, CB, EP, ER, IP, PY, RB, S7, SD, SJ, UR: Required when fatal benefits (010 or 210) are present or both Death Result of Injury Code = Y and Employee Number of Dependents is > 0 (ability to recognize a death payment/report).	Required when fatal benefits (010 or 210) are present or both DN0146 (Death Result of Injury Code) = Y and DN0055 (Employee Number of Dependents) is > 0 (ability to recognize a death payment/report).
0124	Actual Reduced Earnings	MTC AP, CB, IP, RB, RE, Sx, SD, SJ, UR: Required if Number of Reduced Earnings >0, and/or benefit segment = RE MTC or transaction MTC = RE.	Required if DN0285 (Number Reduced Earnings) >0, and/or benefit segment = RE MTC or transaction MTC = RE.
0126	Benefit Credit Code	MTC ALL: Required if Number of Benefit ACR is greater than 0 and both the Benefit Adjustment Code and Benefit Redistribution Code are empty.	Required if DN0289 (Number of Benefit ACR) > 0 both DN0092 (Benefit Adjustment Code) and DN0130 (Benefit Redistribution Code) are empty.
0127	Benefit Credit Start Date	MTC ALL: Required if Benefit Credit Code is present.	Required if DN0126 (Benefit Credit Code) is present.
0129	Benefit Credit Weekly Amount	MTC ALL: Required if Benefit Credit Code is present.	Required if DN0126 (Benefit Credit Code) is present.

**NYS
Claims Release 3
Subsequent Report of Injury Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0130	Benefit Redistribution Code	MTC ALL: Required if Number of Benefit ACR is greater than 0, and both the Benefit Adjustment Code and Benefit Credit Code are empty.	Required if DN0289 (Number of Benefit ACR) > 0 both DN0126 (Benefit Credit Code) and DN0092 (Benefit Adjustment Code) are empty.
0131	Benefit Redistribution Start Date	MTC ALL: Required if Benefit Redistribution Code is present.	Required if DN0130 (Benefit Redistribution Code) is present.
0133	Benefit Redistribution Weekly Amount	MTC ALL: Required if Benefit Redistribution Code is present.	Required if DN0130 (Benefit Redistribution Code) is present.
0134	Calculated Weekly Compensation Amount	MTC PY and UR: Required if Number of Benefits on this SROI or any previously accepted SROI is >0.	Required if DN0288 (Number of Benefits) on this SROI or any previously accepted SROI is > 0.
0141	Concurrent Employer Name	MTC ALL: Required if Number of Concurrent Employers is > 0.	Required if DN0275 (Number of Concurrent Employers) is > 0.
0146	Death Result of Injury Code	MTC 04, EP, ER, IP, PD, PY, RB, S4, UR: Required if employee date of death is not null.	Required if DN0057 (Employee Date of Death) is not null.
0154	Employee ID Assigned by Jurisdiction	MTC ALL: Required if Employee Type Qualifier=A (Employee ID Assigned by Jurisdiction), only when Social Security Number is not available. Please refer to Population Restrictions Table or Implementation Guide for instructions.	Required if DN0270 (Employee ID Type Qualifier) = A (Employee ID Assigned by Jurisdiction)
0189	Return to Work Type Code	MTC 04, CB, EP, ER, IP, PD, PY, RB, RE, S1, S2, S5, S7, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and Initial Return to Work Date or Latest Return to Work Status Date is present. Effective 1/22/2019 required if Number of Reduced Earnings is > 0.	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and DN0068 (Initial Return to Work Date) or DN0072 (Latest Return to Work Status Date) is present. Effective 1/22/2019 required if DN0285 (Number of Reduced Earnings) is > 0.
0195	Payment Issue Date	MTC AP, IP, RB, PY: Required if Number of Payments > 0 unless Reduced Benefit Amount Code is S (Claims Settled Under Another DOI) or N (No Money Settlement).	Required if DN0283 (Number of Payments) > 0 unless DN0202 (Reduced Benefit Amount Code) has a value of S (Claims Settled Under Another DOI) or N (No Money Settlement).
0212	Non-Consecutive Period Code	MTC AP, IP, RB: Required if W (Waiting period is required when the employee is not entitled to the first 7 days of lost time) or B (Benefit Period is Required when the employee has a break in Indemnity benefits) unless Benefit Type Code 240 (Employer Paid Unspecified) is present.	Required when calculation of weeks and days between DN0088 (Benefit Period Start Date) and DN0089 (Benefit Period Through Date) does not equal the number of weeks and days reported in the benefit segment unless that benefit segment's DN0085 (Benefit Type Code) is 240.
0215	Other Benefit Type Amount	MTC ALL: Required if Number of Other Benefits > 0.	Required if DN0282 (Number of Other Benefits) > 0.
0216	Other Benefit Type Code	MTC ALL: Required if Number of Other Benefits > 0.	Required if DN0282 (Number of Other Benefits) > 0.
0217	Payee	MTC AP, IP, RB, PY: Required if Number of Payments > 0 unless Reduced Benefit Amount Code is S (Claims Settled Under Another DOI) or N (No Money Settlement).	Required if DN0283 (Number of Payments) > 0 unless DN0202 (Reduced Benefit Amount Code) has a value of S (Claims Settled Under Another DOI) or N (No Money Settlement).
0218	Payment Amount	MTC PY: Required if Number of Payments > 0 unless Reduced Benefit Amount Code is S (Claims Settled Under Another DOI) or N (No Money Settlement).	Required if DN0283 (Number of Payments) > 0 unless DN0202 (Reduced Benefit Amount Code) has a value of S (Claims Settled Under Another DOI) or N (No Money Settlement).
0219	Payment Covers Period Start Date	MTC AP, IP, RB, PY: Required if Number of Payments > 0 unless D Reduced Benefit Amount Code is S (Claims Settled Under Another DOI) or N (No Money Settlement).	Required if DN0283 (Number of Payments) > 0 unless DN0202 (reduced Benefit Amount Code) has a value of S (Claims Settled Under Another DOI) or N (No Money Settlement).
0220	Payment Covers Period Through Date	MTC AP, IP, RB, PY: Required if Number of Payments > 0 unless D Reduced Benefit Amount Code is S (Claims Settled Under Another DOI) or N (No Money Settlement).	Required if DN0283 (Number of Payments) > 0 unless DN0202 (reduced Benefit Amount Code) has a value of S (Claims Settled Under Another DOI) or N (No Money Settlement).
0222	Payment Reason Code	MTC PY: Required if Number of Payments > 0 unless Reduced Benefit Amount Code is S (Claims Settled Under Another DOI) or N (No Money Settlement).	Required if DN0283 (Number of Payments) > 0 unless DN0202 (Reduced Benefit Amount Code) has a value of S (Claims Settled Under Another DOI) or N (No Money Settlement).
0224	Physical Restrictions Indicator	MTC 04, CB, EP, ER, IP, PD, PY, RB, RE, S1, S2, S5, S7, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and Initial Return to Work Date or Latest Return to Work Status Date is present.	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and DN0068 (Initial Return to Work Date) or DN0072 (Latest Return to Work Status Date) is present.
0225	Recovery Amount	MTC ALL: Required if the Number of Recoveries > 0.	Required if DN0284 (Number of Recoveries) >0.
0226	Recovery Code	MTC ALL: Required if the Number of Recoveries > 0.	Required if DN0284 (Number of Recoveries) >0.
0228	Return to Work with Same Employer Indicator	MTC 04, CB, EP, ER, IP, PD, PY, RB, RE, S1, S2, S5, S7, UR: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and Return to Work Type Code = A (Actual).	Required if DN0041 (Date Claim Administrator had Knowledge of the Injury) is on or after 1/1/08 and DN0189 (Return to Work Type Code) = A (Actual).

**NYS
Claims Release 3
Subsequent Report of Injury Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0233	Suspension Narrative	MTC S2, S4, S5, S7, UR: Required if Number of Suspension Narratives > 0. NOTE that there is a Population Restriction that says "If SROI-S2/S4/S5/S7, then DN0287 (Number of Suspension Narratives) must not be 0."	Required if DN0287 (Number of Suspension Narratives) > 0.
0242	Reduced Earnings Week Number	MTC AP, CB, IP, RB, RE, Sx, SD, SJ, UR: Required if Number of Reduced Earnings >0, and/or benefit segment = RE MTC or transaction MTC = RE.	Required if DN0285 (Number Reduced Earnings) >0, and/or benefit segment = RE MTC or transaction MTC = RE.
0281	Date Employer Had Knowledge of Date of Disability	MTC ALL: Required if Date Claim Administrator had Knowledge of the Injury is on or after 1/1/08 and either Initial Date Disability Began or Current Date Disability Began is present unless Full Denial Reason Code is No Coverage - No policy in effect on the date of accident, No Coverage - No Jurisdiction, or No Employer/Employee Relationship.	Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 1/1/08 and either DN0056 (Initial Date Disability Began) or DN0144 (Current Date Disability Began) is present unless DN0198 (Full Denial Reason Code) is 3E (No Coverage - No policy in effect on the date of accident), 3D (No Coverage - No Jurisdiction) or 3A (No Employer, Employee Relationship).
0290	Type of Loss Code	MTC ALL: Required if the Date Claim Administrator Had Knowledge of the Injury is on or after 6/17/13.	Required if the DN0041 (Date Claim Administrator Had Knowledge of the Injury) is on or after 6/17/13.
0293	Lump Sum Payment/Settlement Code	SROI PY: Required if Payment Reason Code is a settlement.	Required if DN0222 (Payment Reason Code) is a settlement.

**NYS
Claims Release 3
Subsequent Report of Injury
Event Benefits Segment Element Requirements**

For MTC's: 02, 04, AP, CA, CB, EP, ER, IP, PD, PY (Benefit Type Codes other than 5XX), RB, RE, S1, S2, S4, S5, S7, SD, SJ, UR, SA:

Legend:

F = Fatal Technical
MC = Mandatory/Conditional
NA = Not applicable
R = Restricted
X = Exclude

	Benefit Type	0085 Benefit Type Code	0002 MTC	0174 Gross Weekly Amount	0175 Gross Wkly Amt Eff Date	0087 Net Weekly Amount	0211 Net Wkly Amt Eff Date	0088 Ben Period Start Date	0089 Ben Period Thru Date	0090 Ben Type Claim Weeks	0091 Ben Type Claim Days	0086 Ben Type Amount Paid	0192 Benefit Payment Issue Date
Fatal	010	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Total	020	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Total Supplemental	021	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Permanent Partial Scheduled	030	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Partial Unscheduled	040	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Temporary Total	050	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Temporary Total Catastrophic	051	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Temporary Partial	070	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer's Liability	080	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Permanent Partial Disfigurement	090	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	MC
Employer Paid Fatal Benefits	210	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA
Employer Paid Permanent Total	220	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Permanent Total Supplemental	221	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Permanent Partial Scheduled	230	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Unspecified	240	MC	F	X	X	X	X	MC	MC	X	X	X	NA
Employer Paid Vocational Rehab Maintenance	242	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Temporary Total	250	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA
Employer Paid Temporary Total Catastrophic	251	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employer Paid Temporary Partial	270	MC	F	MC	MC	MC	MC	MC	MC	MC	MC	MC	NA
Vocational Rehabilitation Maintenance	410	R	F	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**NYS Claims Release 3
Subsequent Report of Injury
Event Benefit Conditional Requirements**

DN#	DATA ELEMENT NAME	BUSINESS CONDITION(S)	TECHNICAL CONDITION(S)
0085	Benefit Type Code	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0086	Benefit Type Amount Paid	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0087	Net Weekly Amount	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0088	Benefit Period Start Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0089	Benefit Period Through Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0090	Benefit Type Claim Weeks	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0091	Benefit Type Claim Days	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0174	Gross Weekly Amount	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0175	Gross Weekly Amount Effective Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present
0192	Benefit Payment Issue Date	Must be present on the Initial Payment of indemnity benefits for the claim MTC-UR: This field should be populated with the Benefit Payment Issue Date of the first payment made to the claim	Mandatory if Maintenance Type Code (MTC) = AP, IP, PY, RB, Sx and Benefit Type Code = 0xx. Edit on SROI-RB and Sx is effective 2/14/2020
0211	Net Weekly Amount Effective Date	Must be present if there is a Benefit Type Code	Mandatory if Benefit Type Code (DN0085) is present

IAIABC Sweep Benefit Segment Rules

“Sweep” Benefits Segment Rules:

Whenever a different Benefit Type Code has been paid that does not contain the MTC at the Benefit Level, aggregate financial information is sent as part of a “Sweep” benefits Segment. The reported “sweep” information is limited to the data elements in the Benefits Segment as listed below.

No MTC in the Benefits Segment:

When an MTC applies to the claim as a whole, the MTC is sent at the Claim Level only (A49 record) and is not populated in the Benefits Segment (i.e., a Denial applies to all Benefit Type Codes, and thus the MTC is not sent in the Benefits Segment).

MTC’s at the Claim Level apply to the following MTC’s:

SROIs: **02, 04, FN, PY (Benefit Type Code 5XX series), PD, and UR**, (and any CO that is correcting these MTC’s)

Periodics: AN, BM, BW, MN, QT, and SA

A “Sweep” Benefits Segment must and will only include the following data elements (jurisdictions should ignore and not reject any data elements they do not need):

Benefit Type Code (DN0085)

Benefit Type Amount Paid (DN0086)

Benefit Type Claim Weeks (DN0090) (Cannot be required when Benefit Type Code = 5XX)

Benefit Type Claim Days (DN0091) (Cannot be required when Benefit Type Code = 5XX)

Benefit Period Start Date (DN0088) - refer to the definition in The dictionary to determine whether this should be reset

Benefit Period Through Date (DN0089)

A “Sweep” Benefits Segment will NOT include the following data elements:

MTC (DN0002)

Gross Weekly Amount – (DN0174)

Gross Weekly Amount Effective Date (DN0175)

Net Weekly Amount (DN0087)

Net Weekly Amount Effective Date (DN0211)

Benefit Payment Issue Date (DN0192)

If some, but not all indemnity checks have been returned/cancelled/voided, at least 1 Benefit segment will be present along with Recovery Code 880, and the Benefit Type Amount Paid will be less the amount of the indemnity checks that were returned/cancelled/voided. The Benefit Type Amount Paid will reflect the amount that was actually paid out, but the other DN’s in the Benefits segment may or may not be retroactively adjusted, and should not be edited to match the Benefit Type Amount Paid.

If indemnity benefits were decreased from the amount previously reported, not due to a reclassification of benefits, the Reduced Benefit Amount Code “D” will be present, and the Benefit Type Code previously reported, may or may not be present. If indemnity benefits were reclassified, the Reduced Benefit Amount Code “R” will be present, and the Benefit Type Code previously reported, may or may not be present. The Benefit segment(s) reported will include the Benefit Type Amount Paid which will reflect the actual reclassified amount.

Element Requirement Table Instructions - BEN Segment and pre-defined conditions:

FC = Fatal/Conditional. This data element must be populated with previously reported values if the segment has ever been reported on the claim. Data within the segment can be changed, but not the data element marked with FC. If data element(s) within the segment have changed, it must be sent on an 02 Change transaction if another MTC doesn't apply.

N = No Change. This data element cannot be changed on an 02 transaction, eg. Jurisdiction claim number or the jurisdiction requires another method of reporting. eg. MTC CA, CB or paper. The data element must be reported, if applicable.

Y = Yes Change. Changes to the value of the data element are allowed by the jurisdiction. This is the equivalent of an MC or EC; however, it does not require the jurisdiction to define the condition "an 02 must be sent if the data element has changed". Jurisdictions should consider their ability to apply the same edits to the data element as when it was previously reported. If the data element has been marked as M for all FROI or all SROI transactions then it is mandatory on the 02-Change.

YC = Yes Change/Conditional. Some data elements have been pre-populated with YC for 02 Change transactions. This data is expected if the data element changes under these predefined conditions:

• **Benefits segment predefined conditions:** Change allowed if the data element changes under these predefined conditions:

- Benefit Type Claim Weeks, Benefit Type Claim Days and Benefit Type Amount Paid were reported in error on a Benefit Type Code that was ended.
- If any data element in the Benefits segment is being changed, it is considered an Event Benefits segment and the MTC 02 must be present in that segment.
- Benefit Payment Issue Date: If an erroneous date was reported on a Benefit Type Code

Benefit Segment Data Element Requirement Table (for MTCs other than 02 Change): The Event Benefits segment Element Requirement Table is intended to apply to the Benefits segment reporting the "Event" (refer to Variable Segment Rules for Benefits segment in Section 4).